# Getting on with better health care

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## Message from Honourable Iris Evans
## Minister of Health and Wellness

### GETTING ON WITH BETTER HEALTH CARE

Alberta's health system has gone through a lot of changes in the last ten years. Most of those changes have been designed to improve Albertans' access to quality health care. Regional health authorities, health care providers, and a whole host of community partners have worked together to improve access, streamline services, open up new approaches to care, and respond to the needs of Alberta's fast-growing population.

While many good things have been accomplished, it's fair to say there still are some important challenges to address. In some cases, people wait too long for the services they need. Costs of health care, especially the cost of drugs, home care, and new treatments, are increasing at an alarming rate. And while many Albertans take good care of their health, we're still not doing enough to stay healthy and prevent illnesses like heart disease, cancer, and diabetes.

So there's a lot more work to be done. And we need to move forward.

That message was delivered by Premier Klein in January 2005. In describing a "third way" for Alberta's health system, he urged everyone involved in health care – from the provincial government to regional health authorities, health care providers, communities and individual Albertans – to get on with what needs to be done.

In May, health care experts from around the world gathered in Alberta for Unleashing Innovation in Health Systems – Alberta's Symposium on Health. They told us there is no single solution to health care. Instead, it's important to move ahead with literally hundreds of ideas and improvements – improvements that will work, meet patients' needs, and make a positive difference in the health of Albertans.

We're taking all that advice, and now we're getting on with better health care.

### TAKING ACTION

This package of 12 initiatives is one more step in the ongoing evolution of Alberta's health care system. It includes a combination of things that are already underway but need to be accelerated – some things we're ready to move on now, and some are longer term proposals that we are considering.

We're interested in what Albertans think of the initiatives in this package. But make no mistake, we're moving ahead. We need to take action on a number of these initiatives because they're the right thing to do and they'll improve Albertans' access to quality health care. In other areas – like how we should pay for drugs or extra health services – we're looking for your feedback on some specific proposals.

We encourage Albertans to learn more about this package of initiatives, provide your feedback, and keep checking our website for updates over the coming months.

Honourable Iris Evans
Minister of Health and Wellness

## Action 1: Put an overall health policy in place

Alberta is following through on the direction set in the Mazankowski report and we're determined to finish the job. To do that, and do it well, we need an overall health policy that focuses on wellness and personal responsibility, defines what services are included in the publicly-funded health system, guides our decisions and sets clear priorities.

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| October 2005 | Announce a new **Health Policy Framework**. |
| January 2006 | Announce a new **Health Services Plan** to be developed by health boards across the province. The new services plan will identify what health services Albertans can expect to receive, how quickly, and where. |
| In 2006 | Develop a new **Public Health Strategic Plan** focusing on what needs to be done to protect the overall health of Albertans. |
| In 2006 | Develop and implement a **Provincial Research Strategy** to ensure research guides clinical and administrative practice. Promote Alberta's health sector as a significant provincial economic driver. |

## Action 2: Improve access and efficiency

Ask Albertans what their number one concern is with health care and the answer is clear – it's access. While there's no doubt people get immediate care when there's an emergency, too often people wait too long for MRIs, for hip and knee replacements, for heart surgery or cancer treatments. Through a series of pilot projects, physicians, health authorities and the province are working together to streamline the process, get rid of bottlenecks, and speed up access to important health services.

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| Summer 2005 | **Announce changes to the Alberta Waitlist Registry**<br>Albertans can check the Alberta Waitlist Registry for more information about waiting times for key treatments and services. With changes this summer, the Registry will also link directly to the College of Physicians and Surgeons of Alberta so that patients can see information about individual surgeons. |
| Now to 2006 | **Launch pilot projects to remove inefficiencies and speed up access**<br>April 2005 – A new pilot project provides centralized booking for hip and knee replacements and speeds up access<br>Late 2005 – Launch a similar project for coronary artery bypass surgery<br>Early 2006 – Breast cancer care project and project for MRIs and CT scans begins<br>2006 – Projects for prostate cancer care, children's mental health services, and cataract surgery begin |

## Action 3: Get serious about wellness and injury prevention

The best thing we can do to improve the health of Albertans and drive down spiralling health care costs is to encourage people to stay healthy. That means individual Albertans have to take responsibility for their own health. And it means government, health regions, and other partners have to step up their efforts to create one of the healthiest populations in the world.

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| September 2005 | **Recognize employers who promote healthy workplaces**<br>Special awards will recognize employers for their initiatives to promote health in the workplace. |
| October 2005 | **Announce second phase of Healthy U campaign**<br>Phase 2 will build on the media campaign, website, Community Choosewell Challenge program, and other Healthy U initiatives and add a special focus on healthy eating and physical activity for young children. |
| Fall 2005 | **Legislate the use of booster seats for children**<br>We've learned to buckle up and put babies in car seats, now it's time to protect children by using booster seats. |
| Fall 2005 | **Step up public information and involve other ministries and agencies in promoting injury prevention**<br>Every household will receive information about their health care costs and what people can do to stay healthy. |
| Fall 2005 | **Tackle HIV, Hepatitis and sexually transmitted diseases**<br>A new strategy will be launched to prevent and reduce the spread of these diseases. |
| Fall 2005 | **Launch a study on incentives to stay healthy**<br>Would tax incentives or other kinds of benefits encourage people to stay healthy? What are the pros and cons? We'll address those questions through a comprehensive study. |
| In 2006 | **Announce a new immunization strategy**<br>All children should have access to routine childhood immunizations. The new strategy will make sure they do. |
| January 2006 | **Proclaim the Smoke Free Places Act**<br>The new Smoke Free Places Act will be officially proclaimed and in force across the province. |

***What do you think?***

Do you believe you have adequate access to the information you need to make the choices necessary for a healthy and active lifestyle for you and your family?

If Albertans take steps to be active, lose weight, or address risk factors, should they get a benefit on their taxes or health care premiums? What do you see as the pros and cons of such an approach?

What other ideas would you suggest to encourage Albertans to take greater responsibility and adopt healthier lifestyles?

What do you think the government's priorities should be in encouraging Albertans to take responsibility for their health?

Mark 1 for your first priority, 2 for second, etc.

- ☐ Provide more, and more accessible, information about healthy choices and active living.
- ☐ Provide tax and other incentives for people who take steps to stay healthy, for example, to those who enroll in fitness or stop smoking programs.
- ☐ Encourage and provide incentives to employers to develop workplace wellness programs.
- ☐ Develop tougher legislation in areas that can affect health such as smoking or traffic safety.
- ☐ Encourage healthy practices in schools (healthy food and physical activity) and other children's environments.

## Action 4: Make children's health the top priority

It makes good sense to make children's health our number one priority. It's good for Alberta's children and families. And it's good for the health system in the longer term. We need to take action to improve the health of all children, and especially those who are at risk – whether those risks involve violence in their communities, homes or schools, exposure to drugs and alcohol, or unhealthy lifestyles.

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| September 2005 | **Expand access to prescription drugs**<br>Currently, prescription drugs for Crohn's disease and MS are not covered for young people under 18. That will change in September. |
| Fall 2005 | **Take action on crystal meth by working with ministries, governments and agencies**<br>A crew of medical residents and pharmacy students will visit school children, telling them about crystal meth and what it does. |
| January 2006 | **Announce a new Healthy Kids Alberta strategy**<br>This new, ten-year strategy will focus on wellness for children and youth with a special focus on early intervention for children under three and developing resilient youth. Vigorously address child diabetes and work aggressively with Children's Services, other ministries and agencies to address fetal alcohol spectrum disorder (FASD). |

## Action 5: Improve access to mental health services

One in five Albertans will be affected by mental illness during their lifetimes and sadly, a great many of them won't get the treatment they need. We can do better. A Provincial Mental Health Plan is in place with lots of good ideas about what needs to be done and regional health authorities are developing their own plans. It's time to step up actions across the province and improve people's access to the mental health services they need.

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| Summer 2005 | **Launch the Mental Health Innovation Fund**<br>With $25 million a year for the next three years, regional health authorities will be able to expand access to mental health services and test new approaches such as telehealth, community extension teams, day and community support programs, and better linkages with hospitals. |
| Fall 2005 | **Set clear expectations and measure results**<br>Mental health goals, objectives and targets will be included in regional health authority plans and they'll be expected to report quarterly and annually on whether or not the targets are being met. |

## Action 6: Implement an electronic health record for all Albertans

Work on an electronic health record has been underway for a number of years. We're further ahead than other provinces but the reality is, it's complex, it takes time, and it has to be done right. The electronic health record is absolutely essential for moving ahead on a whole range of initiatives in the health system and they will result in better care, better decisions, and safer health services for Albertans. It's like building an information highway for health care, and we need to make sure the information on the highway is secure and doctors and other health care providers can "navigate" the highway to get the information they need, when they need it. For Albertans, it means an end to repeat tests and the security that, when there's an emergency or when they have a health problem, the people who are treating them have access to a complete picture of their health.

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| March 2006 | **Begin to make diagnostic imaging test results available electronically**<br>Instead of shipping "film" from one place to another, doctors will be able to access diagnostic imaging test results electronically. |
| March 2006 | **Launch Alberta Netcare**<br>The next generation in the evolution of Alberta's electronic health record, this new system will allow lab tests to be viewed online, pharmacies to provide information about drugs they've dispensed, help prevent abuse of prescription drugs, and improve treatment decisions. |
| March 2006 | **Connect 402 smaller Alberta communities and health facilities to Alberta Netcare**<br>With SuperNet in place, smaller communities will now have high speed connections to the internet allowing rural health care providers to connect to Alberta Netcare. |

## Action 7: Expand primary health care

The words "primary health care" don't mean much to people outside the health system. But think of it this way: instead of going to your family doctor, then being sent to a specialist, a dietician, a pharmacist, or a physiotherapist, how would you like to go to a clinic run by a team of people who put your health needs first? If it's the family doctor you need, that's the service you'll get. But if a nurse practitioner or a pharmacist can answer your questions, that service would be there. And if you have a chronic illness like asthma or diabetes, a team of people would be there to provide support, advice and care. That's what primary health care is about. And this kind of comprehensive, coordinated approach would be available to you 24 hours a day, seven days a week. Primary health care means better care for Albertans and, while there are some pilot projects in place, it's time to expand the approach to more Albertans and more communities across the province.

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| Fall 2005 | **Launch Nine Local Primary Care Networks**<br>Nine new projects will proceed:<br>• Edmonton Southside Primary Care Network (launched May 2005)<br>• WestView Primary Care Network<br>• Bonnyville/Aspen Primary Care Network<br>• Camrose Primary Care Network<br>• South Calgary Primary Care Network<br>• Calgary Rural Primary Care Network<br>• Chinook Primary Care Network<br>• Wood Buffalo Primary Care Network<br>• Red Deer Primary Care Network |
| Fall 2005 | **Expand the focus on multidisciplinary teams**<br>Criteria for Local Primary Care Networks will be revised to ensure that the next set of projects has a strong focus on multi-disciplinary teams and a mix of allied health providers.<br>Enable the team delivery principles of primary care networks to ensure the right provider, right time and right service. |
| Fall 2005 | **Launch new training initiatives for interdisciplinary and chronic disease management teams**<br>In cooperation with the federal government, new training initiatives will begin for people involved in local primary care networks. |

## Action 8: Make changes to legislation and regulations

*Step 1: Change regulations*

It's time to expand choices for Albertans and remove barriers that stand in the way of further innovation by regional health authorities.

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| July 2005 | **Provide choices in paying for supplementary health services**<br>Instead of having to pay directly, Albertans can use secondary insurance to help pay for podiatry and chiropractic services beyond what's covered by Alberta health care. |
| September 2005 | **Provide choice in hospital rooms**<br>People who have to be in hospital will be able to choose special accommodations above the standard hospital room. Regional health authorities will be able to charge for those special accommodations. |
| September 2005 | **Provide choice in enhanced medical goods and services**<br>People will be able to choose enhanced medical goods and services beyond what doctors decide is medically necessary – for example, a special kind of hip replacement. Regional health authorities will be able to charge reasonable fees for enhanced goods and services over and above basic services. |

### *Step 2: Consider a new Health Care Assurance Act for Alberta*

Currently there are 39 different pieces of legislation and over 100 regulations that set the rules for Alberta's health system. It's too much, it's too complicated, and it doesn't provide the kind of framework we need for a quality health system.

**A Health Care Assurance Act could:**

- Ensure Albertans who are sick or injured get access to the services they need within a reasonable waiting time
- Set out clear principles to guide the system
- Include a clear commitment to reasonable access to medically necessary, basic medicare services at no cost for all Albertans
- Describe what health services would be covered by public health insurance and which ones could be covered by private or not-for-profit insurance plans
- Put a strong emphasis on quality and require all aspects of the health system to meet certain standards and guidelines, protocols and best practices
- Require government and health authorities to prepare and renew health policy frameworks and service plans every five years

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| Fall 2005 | Transform the **Health Quality Council** into an independent board with particular powers to address quality in Alberta's health system. |
| In 2006 | Introduce a new **Health Care Assurance Act** for discussion and debate. |

### *What do you think?*

Do you agree with the idea of a single Health Care Assurance Act in order to provide an assurance framework on access and quality health services in Alberta, and to streamline a broad array of legislation currently governing health care in Alberta?

## Action 9: Control spiralling drug costs and increase coverage

The provincial government spends a billion dollars a year on prescription drugs in Alberta now, and in the next five years, that amount will double. Drug costs are the fastest growing part of the health care budget and while there's no doubt they bring substantial benefits to patients, we need to seriously look at how we're going to pay the bill for drugs now and in the future. At the same time, current government drug plans only cover about 18% of Albertans, including seniors, children and people with lower incomes. Most Albertans get their prescription drugs covered through private insurance plans. But about 27% of Albertans have no coverage at all.

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| September 2005 | **Consider consolidating and managing all provincial drug subsidy programs through a single ministry**<br>Currently, there are a number of drug subsidy programs within Alberta Health and Wellness along with drug programs provided through Human Resources and Employment, Children's Services, and Seniors and Community Supports. By consolidating all the separate programs, the government can purchase drugs centrally and improve efficiency. |
| October 2005 | **Work with other provinces and the federal government to launch a national framework for expensive drugs for rare diseases**<br>The framework will ensure affordable access to new "breakthrough" drugs by co-ordinating research, review and approval of these drugs and by sharing the costs nationally among all governments and drug companies. |
| Fall 2005 | **Launch a study to examine different models for a new Alberta pharmacare program**<br>Alberta's drug coverage plan hasn't changed much in 35 years, except for adding new drugs. With rising costs of drugs, it makes sense to explore new models including an insurance approach that would extend coverage to more Albertans and adjust how much people pay depending on their incomes. The first step would be an actuarial study to define the various models, how they could work, and what their impact would be on individual Albertans and families. Examine possible cost efficiencies associated with pharmaceuticals from other countries. |
| April 2007 | **Work with neighbouring provinces to establish a western Canadian consortium**<br>Because of our relatively small population, we can't buy enough drugs in bulk to be able to affect the price. In effect, drug companies set the price and we pay it. But if we are able to establish a cooperative arrangement with other western provinces on purchasing drugs, we may be able to negotiate a better price. |

***What do you think?***

Would you support the idea of an Alberta non-profit pharmacare insurance program to keep our health system affordable?

An Alberta pharmacare program would enable people to share the costs of drugs based on their ability to pay and it would also take into account a number of health related factors, such as people who live with chronic illnesses. What other factors are important to consider when looking at possible pharmacare models?

## Action 10: Improve quality in long term care

The recent report from Alberta's Auditor General brought concerns about quality of care in long term care centres into sharp focus. Albertans expect their parents and grandparents to be well-cared for in places where they are respected and treated with dignity. An MLA task force will work through the summer to discuss concerns with Albertans and develop standards for long term care centres. In the longer term, we also need to look at new approaches for paying for long term care including insurance programs or savings plans where people could invest now and have their long term care needs taken care of when they are old.

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| July 2005 | **Increase the number of hours of health care provided in long term care centres**<br>Consistent with the need for higher standards and better care, this July the average care hours per resident will increase from 3.1 to 3.4 per day. |
| Fall 2005 | **Announce new standards for long term care centres**<br>Based on the work of the MLA committee, new standards for accommodations and health care in long term care centres will be announced. |
| January 2006 | **Complete the groundwork for a new approach to paying for long term care**<br>An actuarial study will look at how a continuing care insurance plan would work, how much it would cost, and how we could make sure it is affordable to current and future generations of seniors. |

*What do you think?*

What do you think about the idea of Albertans being able to invest in some form of insurance or a savings plan to cover the costs of their long term care needs when they are older?

Will the new hours of care be enough?

If implemented, do you believe that continuing care insurance will be a tax on seniors?

How will we know the standards meet professional practice guidelines and provide assurance that Albertans in continuing care are treated with respect and dignity?

## Action 11: Increase the supply of health care providers

We can't improve people's access to health care services unless we have a good supply of highly skilled and well qualified health care providers. We know the workforce of doctors, nurses, pharmacists, and other health providers is aging, there are challenges involved in training enough new health care providers to meet growing demands, and rural communities face special challenges in attracting and keeping health care providers. These issues have to be addressed through a combination of actions and strategies to make sure we have the supply of health care providers we need.

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| Summer 2005 and ongoing | **Take proactive steps to recruit and retain health care providers**<br>Work is underway to meet this challenge. The provincial government will work with regional health authorities, professional and provider organizations, labour groups and community members to: recruit rural Albertans and offer training in rural communities, expand the recruitment, retention and training of health care providers, and increase the participation of aboriginal people in health disciplines.<br>Focus on scope of practice principles to achieve cost effectiveness in the system. |
| Fall 2005 | **Announce a new nursing education strategy**<br>This new strategy will define directions for the future of the nursing workforce. |
| Spring 2006 | **Bring all health professionals together under the Health Professions Act**<br>Twenty-eight separate colleges for health professionals will be brought under a single umbrella act that provides for broader scopes of practice and more flexibility in what health professionals can do. |
| Fall 2006 | **Establish a virtual training campus for health professionals working in rural communities**<br>Using technology, health providers in rural areas will have access to ongoing education and professional development programs. |

## Action 12: Address the health needs of rural communities

Access to health care is a critical issue in rural communities and they face special challenges in being able to provide the range of health care services people need and expect. The provincial government's rural development strategy identifies health care as one of the fundamental pillars that must be addressed in order to preserve and sustain rural communities.

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| Fall 2005 | **Announce rural development initiatives focused on health care in rural communities**<br>As part of a package of initiatives currently being developed, Alberta Health and Wellness will focus on expanding access to mental health services in rural communities, expanding the use of telehealth, ensuring that access standards are developed and met, expanding access to home and community care, strengthening the Rural Workforce Action Plan, enhancing primary health care, and moving ahead with innovations in rural health care. |

## We're getting on with better health care. What do you think?

We're interested in your feedback and ideas. You can provide input on this package by:

- Going to www.health.gov.ab.ca and answering key questions online
- Sending your written submission to:

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